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12-23-05

AF/1656-#
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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/462,962
Filing Date	June 25, 2001
First Named Inventor	JACKSON, STEPHEN PHILIP
Group Art Unit	1656
Examiner Name	ROBINSON, HOPE A.
Attorney Docket Number	MEWE-010

ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
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1. Postcard |
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent
(Reg. No.)

PAMELA J. SHERWOOD, 36,677
BOZICEVIC, FIELD & FRANCIS, LLP

Signature

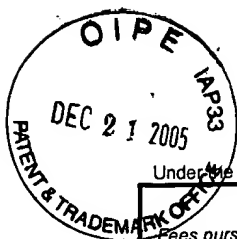
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FEE TRANSMITTAL For FY 2005		Complete if Known	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/462,962
		Filing Date	June 25, 2001
		First Named Inventor	JACKSON, STEPHEN PHILIP
		Examiner Name	ROBINSON, HOPE A.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1656
TOTAL AMOUNT OF PAYMENT (\$) 120		Attorney Docket No.	MEWE-010

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ **Credit Card** ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ **Deposit Account** Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims 2 - 20 or HP = 0 x =	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims 1 - 3 or HP = 0 x =	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 36,677
Name (Print/Type)	Pamela J. Sherwood	Telephone (650) 327-3400
		Date 12/21/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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